

VENEREAL DISEASE AND THE HOMOSEXUAL*†

BY

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In a recent paper published by the World Health Organization on the epidemiology of early syphilis in the seaport town of Copenhagen (Hartmann, 1955), it is shown that, during the period under review, one-third of the syphilis contacts resident in the city were homosexuals most of them being prostitutes.

The purpose of this paper is to show that, in London, a significant proportion of male venereal disease patients are homosexuals. In my experience the great majority of these are amateurs, prostitutes being a rarity.

Kinsey, in "Sexual Behavior in the Human Male", states that

37 per cent. of the total male population [of the U.S.A.] has at least some overt homosexual experience to the point of orgasm between adolescence and old age . . . 18 per cent. of the males have at least as much of the homosexual as the heterosexual in their histories for at least 3 years between the ages of 16 and 55. 10 per cent. of the males are more or less exclusively homosexual for at least 3 years between the ages of 16 and 55 and 4 per cent. of the white males are exclusively homosexual throughout their lives after the onset of adolescence.

Many people in Great Britain do not believe that this can be the situation here. The following figures gathered at the Venereal Disease Department of St. Mary's Hospital show that homosexually acquired venereal disease is far from uncommon, at least in this part of London.

Present Study

Group 1.—Of 1,000 consecutive male patients with gonorrhoea or early syphilis who attended the St. Mary's Hospital Clinic in 1954, no less than 84 (8.4 per cent.) admitted that they had had recent sexual contact with another male. In this series there were 255 coloured patients: 251 heterosexual, and four homosexual. All the four latter happened to be West Indians, but homosexuality is known to occur also among Africans and, for that matter, I believe among all races.

Omitting the coloured patients, 745 white patients remain (665 heterosexuals and eighty homosexuals, *i.e.*, 10.7 per cent. homosexuals among

white patients). There were 162 married white men, all but one being heterosexual as far as is known. Subtracting these from the total we are left with 503 single white heterosexuals and 79 single white homosexuals, *i.e.*, 15.7 per cent. of single white men.

If the patient's occupation is taken into consideration, we find that half of the single white heterosexuals are manual labourers and that only three of the homosexuals are so employed. That leaves 328 white, unmarried non-manual workers, 76 (*i.e.*, 23.2 per cent.) of whom are homosexual—almost a quarter of the white, single, non-labouring class (Fig. 1).

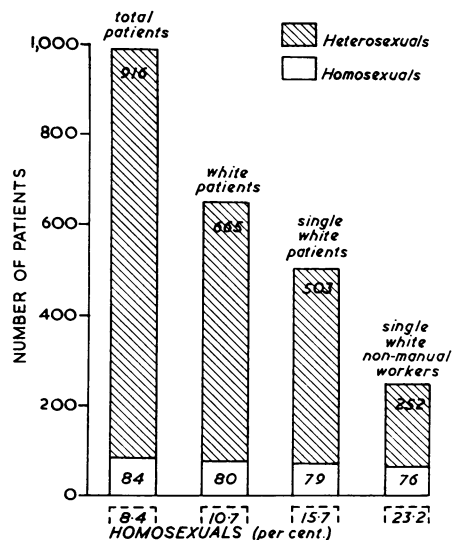


Fig. 1.—Analysis of 1,000 consecutive patients attending with gonorrhoea or early syphilis in 1954 showing percentage of homosexuals.

There are several reasons why even this high figure does not represent the true number of homosexuals attending. First, the patient is unwilling to admit the source of his infection, both from natural reticence and from fear that his guilty secret might be passed on to the police. Of course, the patient with rectal infection is unable to suggest any plausible alternative source of infection, but the man with a urethral discharge or penile sore can easily say that he has been with a woman and nobody doubts

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him. I have been told often by homosexuals that there are many men, tough manual workers and others, not true homosexuals, who seek them out and have intercourse with them. I do not know how true this is; if it does take place, many such men *must* become infected, but when they come to us for treatment they will naturally admit only to heterosexual intercourse and our suspicions are not aroused.

As most of our homosexual patients are, by all ordinary standards, physically normal, it is sometimes very difficult to spot them. Some of them, far from appearing effeminate, are lusty he-men, such as physical culture experts, athletes, weight lifters, and champion cyclists. Also there must be many homosexuals who dare not come to public V.D. clinics, but attend private doctors for greater secrecy.

There were in this series 174 re-infections in the same year among the 916 heterosexuals (*i.e.*, 19 per cent.), whereas among the 84 homosexuals there were thirteen re-infections (*i.e.*, 15 per cent.). The difference is not significant. I obtained some of the above figures from the Gonorrhoea Study of the British Cooperative Clinical Group (p. 21).

Group 2.—Of 224 homosexuals who attended St. Mary's Hospital Clinic within the last 2½ years, 164 had gonorrhoea, ten had early syphilis, sixteen had non-gonococcal urethritis, and 34 came with other allied conditions. It is interesting to note the small number of cases of non-gonococcal urethritis. The similar small number of other allied conditions indicates that these patients do not risk coming to a clinic unless forced to do so by acute illness. The age incidence is of little interest (Fig. 2) as it is similar to that in heterosexuals. The youngest was a well-developed lad aged 13 with urethral gonorrhoea who had been picked up in Hyde Park by a visiting Eastern potentate and taken back to his hotel. The oldest was a retired foreign army officer aged 67 who was also visiting

England; he had run a risk in Paris on the way and came in for a check before continuing on his travels. Their professions are shown in Table I and the predominance of clerks, shop assistants, waiters, and those employed in the artistic trades is typical.

TABLE I
OCCUPATIONS OF 224 HOMOSEXUALS

Occupation	No. of Cases	Occupation	No. of Cases
Clerk	98	Artisan	17
Shop Assistant		Student	17
Unskilled Indoor Worker		Out of work	7
Artist	40	Armed services	5
Musician		Surveyor	3
Designer		Senior Civil Servant	2
Actor		Schoolboy	1
Antique Dealer		Retired	1
Waiter	25		
Cook			
Valet			
Male Nurse			
Hairdresser			
Domestic Servant			

There were only four coloured men among the 224, all West Indians. One of them was hardly representative because his story is that he woke up after a drunken orgy and found that he had slept with a man dressed as a woman. Another was an educated bisexual West Indian who usually went with women at home, but found that in London he could move in higher social circles if he practised homosexuality. The other two seemed to be true homosexuals. Of the rest, 197 were British by birth, five Australian, three South African, three Canadian, three Irish, three United States subjects, and one each from France, Germany, Holland, Lithuania, Finland, Pakistan, and India.

Ninety-seven said they were usually "passive" and 127 said they were usually "active", but 24 said they were what they called "versatile" and would do either to oblige the consort. Altogether 113 had anorectal disease and 116 had penile—mostly urethral—disease, five having both at the same time. Thirty-two had had both at some time during their attendances at this clinic. In all, to our knowledge, the 224 patients had had from time to time 477 attacks of disease, *i.e.*, 314 of gonorrhoea, 66 of non-gonococcal urethritis, twenty of syphilis, and 77 of other allied conditions, again a much lower proportion of non-gonococcal urethritis and other allied conditions than among heterosexuals. There were only eight married men in this series, but I gather from homosexual patients that it is not infrequent for a married man to find entertainment in a complete change!

The frequency of re-infection is shown in Table II. In the years when syphilis was common I saw a

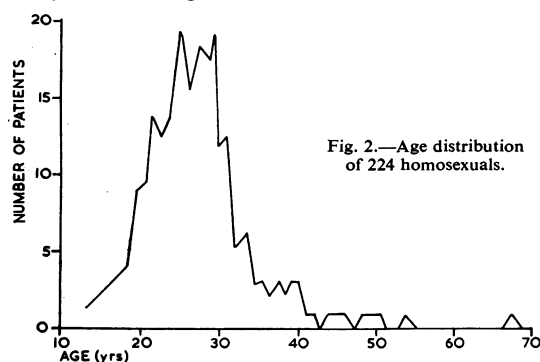


TABLE II
FREQUENCY OF RE-INFECTION AMONG 224 HOMOSEXUALS

No. Treated	No. of Attacks
134	1
31	2
25	3
13	4
6	5
4	6
2	7
5	9 or more

great many homosexuals infected with it. Often they came in the secondary stage—the primary sore having been hidden or misdiagnosed as a pile. I have seen several patients with late syphilis who, judging from their histories, had probably been infected rectally and either did not notice the signs or did not dare to reveal them. If they had sought medical advice the true state of affairs had not been recognized. This has sometimes happened to men who were not true homosexuals, but who were at the time of infection just adventurous naughty boys, or the victims of older men.

Group 3.—The 54 men whom I had the opportunity to question personally and at length, most of them at St. Mary's Hospital and a few in private practice, are nearly all included in the previous groups and, therefore, such details as age, nature and site of disease, occupation, and nationality have already been dealt with. However, there are a few other points in their histories which are of interest.

They came from every social class, one even from a noble family. There were several doctors' and parsons' sons and many from artisan and labouring stock. They came from all areas of the British Isles, but had gravitated to London.

Forty of them (74 per cent.) came from broken homes, 23 of these (42 per cent. of the total) having been brought up by the mother only, the father being dead, divorced, drunken, or disinterested, seven had been brought up by the father only, and ten had never known either parent. Only fourteen (26 per cent.) came from normal, happy homes where both parents took part in their upbringing. They came from varying sizes of family and were of different positions in the family, neither seeming to be of any significance. Usually they did not know of any other homosexual in the family, though some suspected their maternal uncles, and two had identical homosexual twins. One pair of twins was completely passive and had known of each other's homosexuality since childhood. The other pair did not know of each other's homosexuality until they were 26 years old though they had lived together until the age of 18. One had started at 15

or so as a bisexual but by 21 had become completely homosexual, and the other had been homosexual for as long as he could remember. Kallmann (1953) reports a series of 44 uniovular twins in which both twins were homosexual and nearly every pair were alike in the homosexual role they practised. In a series of binovular twins, where one twin was homosexual, it was unusual for the other to be homosexual also.

There was no obvious evidence of any endocrine change, no gynandrisms, except in one who had little body hair and only shaved twice a week. The rest were apparently physically normal, except for a few who had certain characteristics which are considered to point to a possible glandular imbalance. So far I am not convinced about this, but further work is being done on this aspect.

A few were typical "pansies", but most of them behaved more or less normally. It is by some slight characteristic in their bearing and manner, rather than by any physical abnormality, that they betray their homosexuality.

Altogether 46 (85 per cent.) had been to day schools and eight (15 per cent.) to boarding schools. However, all these boarders had had their first homosexual experience not at school, but afterwards.

It seemed to me that these homosexuals could be divided into two groups, the "congenital" and the "acquired". The former includes the true inverts in whom the deformity was complete and was so strongly embedded that it could not be rooted out, however powerful the influences that were directed on it from within or without. I think that these men are mentally deformed, having men's bodies and women's minds. This group included the incomplete inverts who had been made either more or less homosexual according to whether or not they had had a good home life and upbringing. Finally, there were the youths who had not given up the common homosexual leanings of childhood, and who were immature. Here, too, surroundings and opportunity play an important part.

Many people do not think that any type of homosexuality is inborn, but consider that it is acquired during childhood through some outside influence. However, the study of identical twins by Kallmann (1953) supports the "inborn" view. Whatever is the cause, it occurs early in life to produce inversion, complete or partial.

The "acquired" homosexuals were those who had little or no homosexual leanings of their own, but had been influenced by others or by circumstances to practise it. This is the type of homosexuality which may be prevented by a decent moral upbringing and by avoiding opportunity. In this

series, 51 of the 54 appeared to be "congenital" and only three "acquired," though as this group is a selected one I do not suggest that this is the true ratio. I have no doubt, however, that the majority of the patients I have seen are of the congenital type or at least had acquired their homosexuality in early childhood before they had had any kind of homosexual experience.

Most of the true inverts realized their condition by the time they were 21, but there were others who did not recognize it until much later. In this series most of the true inverts also said that they had been attracted to their own sex for as long as they could remember, and most of them were ready and waiting for, or anyway not upset by, their first experience when it came. Thirty-nine of these "congenitals" were of the "passive" type and had never had any sex experience with a woman or wanted to do so, any more than a normal heterosexual would with a man. Either type is disgusted with either idea as the case may be. Most of these true inverts had been brought up by mother rather than father, and even in large happy families had often been singled out from the rest as "mother's favourite". It is difficult for me, not being a psychiatrist, to be certain whether the mother's over-influence brings out latent homosexuality in the child or whether the homosexual child is more attractive to its mother. Six who had had a few experiences with females had usually done so to try to become normal—one had even been married for a time. Others did it as a social duty to oblige female friends, but with little or no pleasure to themselves. Curiously enough several of this group had firm "platonic" friendships with women who seemed to be very attached to them. Nine of the remainder practised "active" homosexuality and usually had had, or were still having, considerable sex experience with females as well. Everything in their histories points to their homosexuality also being inborn, or acquired in childhood, though in a lesser degree than in the others. The remaining three were of the "acquired" type and had all been brought up in institutions without knowing their own father or mother. Two of them had taken up homosexuality at 18, mainly for profit, and considered it easy money. The other one was 20 and had been bisexual since the age of 12 having had many male and female contacts. He had married at 18 and had remained faithful to his wife until recently when he had tired of her humdrum methods and had come to London for a change of style.

We do not readily spot the "acquired" type, partly because he is nearly always "active" and therefore has penile or urethral disease, and partly

because his appearance is usually quite normal. The few that I have seen associate with men because the male consort is less clinging and cheaper, not requiring so much courting and money spent on him. They are also attracted to homosexuality because it calls for less responsibility, there being no risk of making the partner pregnant, or being trapped into matrimony. Another reason is the widespread, but mistaken, view that venereal disease is not caught from men. Added to this, there is the attraction that homosexuality is illegal and cloaked in secrecy and, therefore, exciting to the adventurous but not too discriminating youth. If homosexuality were treated as a deformity of the mind rather than as a crime, I think it would lose much of its attraction for the young men who are, at present, tempted by it.

These three cases of the "acquired" type were similar in many ways to the usual juvenile delinquent. Had they and some of the less strongly developed inverts had the benefit of good family upbringing by both parents they might have been kept on the normal road. I think that the only effective treatment is preventive and must be started in childhood before the habit develops. A true invert, once he realizes his homosexuality, is, in my opinion, not open to any influence or treatment. Several of my patients, who, of course, are well-developed cases and adjusted to their condition, had tried psychiatry, but I have never known one to be cured of his homosexuality, though they can be comforted and taught to accept their lot and be discreet.

Patients have told me that, having been referred to psychiatrists by the courts, it is to their advantage to pretend that the treatment has been successful to avoid being sent to gaol. In fact, they say, it has no effect at all and they carry on with their homosexuality as before, only with more discretion.

Many homosexuals say that they are so placed that, for fear of the law, they dare not be known to have male friends. Having no other means of finding partners, they have to resort to picking up strangers "incognito" in the "West End" or similar places. They say that the law as it now stands leaves no alternative sexual outlet for the homosexual other than intercourse with strangers and male prostitutes and so encourages the spread of venereal disease.

REFERENCES

- Hartmann, G. (1955). "An Epidemiological Study of the Import of Syphilis into, Diffusion within, and Export from, a Major Seaport—Copenhagen." WHO/VDI 137. W.H.O., Geneva.
- Kinsey, A. C., Pomeroy, W. B., and Martin, C. E. (1948). "Sexual Behavior in the Human Male", pp. 650-651. Saunders, Philadelphia and London.
- Kallmann, F. J. (1953). "Hereditry in Health and Mental Disorder", pp. 116-119. Norton, New York.